

# MULTIDISCIPLINARY TREATMENT OF ANXIETY DISORDERS

ANDREW ROSEN, PHD, ABPP, FAACP

THE CENTER FOR TREATMENT OF ANXIETY AND MOOD  
DISORDERS

THE CHILDREN'S CENTER FOR PSYCHIATRY, PSYCHOLOGY AND  
RELATED SERVICES

# HISTORICAL PERSPECTIVE

Pre World War II

Subordinate Role to Psychiatry

Psychological Testing  
in Psychiatric Hospital and Clinic

During War Physicians mainly treated injury leaving  
emotional care to Psychologists

# 1950s and 1960s

- Behaviorism.....(Watson, Skinner)
- Cognitive Revelation...(Bandura) S-R Causation...Internal Cognitions, Affects, Biology, Behaviors and Environmental Pressures
- Psychoanalysis
- Humanism.....(Rogers, Maslow, Erikson, Jung, Klein).....The “Third Force”

# Professional History

- 1971-1975 Hofstra University Ph.D. Cognitive Behavioral Orientation (Know all theories, love a few and wed none)
- 1977-1983 Adelphi University's Gordon Derner Institute for Psychoanalysis and Psychotherapy
- 1975 Woodward Mental Health Center. Director of Clinical Services. (Borderline Personality Adolescents)
- 1983 American Board of Professional Psychology Diplomate in Clinical Psychology
- 1984 Private Practice (Florida) Addictions.....Anxiety Disorders
- 1988-2015 The Center for Treatment of Anxiety Disorders
- 2015-Present The Center for Anxiety and Mood Disorders
- 2017-Present The Children's Center for Psychiatry, Psychology and Related Services

# Collaborative Care Model

- Shift from limitations of solo practitioner and merge psychology with psychiatry
- Importance of understanding and applying bio-psycho-social model
- Fit the treatment to the patient's diagnosis instead of the patient to the treatment
- Eliminate turf issues and improve patient care and outcomes
- Better able to treat patients who do not improve with standard treatment protocols

# Importance of Specialization

- Generalist knows too little about everything
- Develop a niche and become an expert (treat, write, teach, supervise, consult)
- Continue to apply improved methods to the disorder instead of fitting patients to the method
- Refer patients to other experts
- When possible be part of a multidisciplinary team

# The Center for Treatment of Anxiety and Mood Disorders

- Multidisciplinary staff with specialization in the understanding and treatment of anxiety and mood disorders
- Psychology and Psychiatry (Integrated Diagnostic Assessment)
- Special niche areas within the broader entities include Panic Disorder, Social Anxiety, OCD, Generalized Anxiety, Phobias, Trauma, Spectrum, Eating Disorders, Reproductive Problems, Bipolar Disorder and Depression, and Stress
- Treatment Methods include Cognitive Behavior Therapy, Psychodynamic Therapy, Psychopharmacology, Virtual Reality Therapy, Group Therapy, Mindfulness Training, EMDR, Cognitive Processing Therapy, Dialectical Behavior Therapy and Couples Therapy

# The Children's Center for Psychiatry, Psychology and Related Services

- Developed to provide a full service center offering a variety of clinical, therapeutic, educational and supportive services to children, adolescents, young adults and their families.
- The multidisciplinary team includes Psychiatry, Clinical Psychology, School Psychology, Behavior Specialists, Speech and Language Therapy, Occupational Therapy, and special tutoring.
- Assessment, treatment planning and treatment services are implemented with an ongoing team conferencing model.

# General Systems Theory

- Etiology determines treatment
- Gathering data on complex patients
- Biological, psychological and social axes
- Template for treatment tracking

# Health Anxiety

- Obsessive and irrational worry about having or developing a serious medical condition
- Misinterpretation of minor or normal body sensations as serious illness despite reassurance from medical professionals
- Unreasonable health related behaviors such as repeated screening of body for disease, checking symptoms online, avoiding doctor appointments, preoccupation for at least six months
- Worry and distress becomes disabling in dealing with work and relationships
- Treatment of choice is cognitive-behavior therapy with focus on distortion of probability, catastrophic thinking, obsessive-compulsive behavior, and acceptance of mortality. In addition, stress reduction techniques including cardiovascular exercise and Mindfulness Meditation are part of treatment. Medication for obsessive thinking may be included
- Case Illustrations

# Homosexual Obsessive-Compulsive Disorder (HOCD)

- Currently suffering from OCD...at least 10% are HOCD
- Recurring unwanted or intrusive thoughts about one's sexuality
- Constantly reassuring oneself of being straight
- Avoiding people of same gender due to anxiety or unwanted fears about being gay
- Worrying about the possibility of sending out signals that will cause others to think you are gay
- Homosexual thoughts are repulsive instead of arousing
- Feel no attraction to the same sex
- Repeating actions to relieve anxiety about looking gay

# Effects of HOCD

- May quit jobs and make dramatic life changes including ending relationships
- Sometimes out themselves and engage in homosexual relationships and continue to doubt their sexuality
- Engage in rituals to relieve anxiety and prove that they are straight
- Check for arousal when with same sex
- Washing rituals and avoidance of being alone with gay people
- Ongoing mental dialogue about doubts related to being gay

- As with other Obsessive Compulsive Disorders Cognitive-Behavior Therapy is the treatment of choice
- Exposure and Response Prevention techniques
- Psycho-educational techniques related to intrusive thinking
- Cognitive restructuring related to perfectionistic thinking which is foundation for OCD
- Irrational belief system related to being a “bad person”
- Mindfulness Meditation to reduce responsiveness to thoughts
- SSRI Antidepressants
- Case Illustrations

# Virtual Reality Treatment of Anxiety Disorders

- Mechanism the same as traditional exposure therapy
- Activate underlying fear structure through confrontation with feared stimuli in controlled setting
- Repeated exposure leads to stimuli becoming less anxiety provoking
- In VRET individual faces triggers in a safe environment and therapist controls intensity and duration of stimuli based on clinical appraisal
- Over the last twenty years effectiveness of VRET has been well established in the treatment of anxiety disorders
- In our experience, VRET reduces compliance problems and intensifies exposure and frequency of exposure.
- Case Illustrations

# Intensive Treatment

- Comprehensive Psychiatric and Psychological Assessment
- Treatment plan developed by team
- Patient seen daily by designated clinicians for individual and group therapy which target relevant goals
- Treatment may include Psychopharmacology, Cognitive-Behavior Therapy, Dialectical Behavior Therapy, Mindfulness Meditation, Brief Psychotherapy and Psycho-Educational Counseling
- Case Illustration